# Case 23-54588-pwb Doc 34 Filed 06/26/23 Entered 06/28/23 11:34:05 Desc Main Document Page 1 of 18

Fill in this information to identify your case:					
Debtor 1	Sherrie	Lynn	Moon		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	Northern District of Ge	eorgia		
Case number	23-54588-pwb	5			

Filed in U.S. Bankruptcy Court Atlanta, Georgia

JUN 26 2023

M. Regina Thomas, Clerk

Check if this is an amended filing

Official Form 106D

# Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below.

for each claim. If more than one creditor	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. phabetical order according to the creditor's name.	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecure portion If any
2.1	Describe the property that secures the claim:	\$	\$	s
Creditor's Name				1
Number Street	As of the date you file, the claim is: Check all that apply.  —   — Contingent			
0 1590 City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	-		
Date debt was incurred	Last 4 digits of account number			
2.2	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street	-			
	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	a.		

Debtor 1 SHEFFIE Ly First Name Middle Name	Lest Name Case nur	nber ( <i>if known</i> ) <u>23-343</u>	оо риг	<del></del>
Additional Page  Part 1: After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	Describe the property that secures the claim:	\$	<b>.</b> \$	\$
Creditor's Name		<b>]</b> .		
Number Street	-			
	- As of the date you file, the claim is: Check all that apply.	_		
	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
	Other (including a right to offset)			
Check if this claim relates to a community debt		-		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	s	- \$	<b>S</b>
Creditor's Name		7		
Number Street	-			
	As of the date you file, the claim is: Check all that apply.	-		
	Contingent			
City State ZiP Code	_ Unliquidated			
•	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan)			
At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien)			
	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
Check if this claim relates to a community debt	Other (including a right to offset)	-		
Date debt was incurred	Last 4 digits of account number			
Creditor's Name	Describe the property that secures the claim:	\$	\$	5
Cibatol 3 (4alia		]		
Number Street	-			
	As of the date you file the claim in Chest all that and	J		
-	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> <li>Contingent</li> </ul>			
City State ZIP Code	Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit Other (including a right to offset)			
Check if this claim relates to a community debt	Collet (including a right to onset)	•		
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your entries	s in Column A on this page. Write that number here:	s	]	
	add the dollar value totals from all pages.	s		

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Sherrie Moon Case number (if known) 23-54588-pwb Debtor 1 Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number \_\_\_ \_\_ \_\_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_\_ Name Last 4 digits of account number \_\_\_ \_\_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_\_\_ Name Last 4 digits of account number \_\_\_ \_\_ \_\_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_ Name Last 4 digits of account number \_\_\_\_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number \_\_\_ \_\_ \_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_\_ Name Last 4 digits of account number \_\_\_ \_\_ \_\_ Number Street City State ZIP Code

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Fill in this information to identify your case:					
Debtor 1	Sherrie	Lynn	Moon		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing	) First Name	Middle Name	Last Name		
United States	Bankruptcy Court for	the: Northern District of	Georgia		
Case number	23-54588-pw	b			
(if known)					

Check if this is an amended filing

### Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Pa	rt 1: List All of Your PRIORITY Unsecur	ed Claims
1.	Do any creditors have priority unsecured claim:	s against you?
	☐ No. Go to Part 2.	
	☐ Yes.	
1		editor has more than one priority unsecured claim, list the creditor separately for each claim. For
2.	each claim listed, identify what type of claim it is. If	a claim has both priority and nonpriority amounts, list that claim here and show both priority and
1	nonpriority amounts. As much as possible, list the	claims in alphabetical order according to the creditor's name. If you have more than two priority
	unsecured claims, fill out the Continuation Page of	Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
	(For an explanation of each type of claim, see the i	nstructions for this form in the instruction booklet.)
		Total claim Priority Nonpriority
	1	amount amount
2.1		
	Georgia Department of Revenue Priority Creditor's Name	Last 4 digits of account number 6 9 6 8 \$ 810.29 \$ 0 \$
İ	TAXPAYER SERVICES DIVISION	When was the debt incurred? 2013
	Number Street	when was the debt incurred? 2015
	P.O. BOX 105499	
	Atlanta GA 30348	As of the date you file, the claim is: Check all that apply.
	City State ZIP Code	☐ Contingent
	Who incurred the debt? Check one.	Unliquidated
İ	Debtor 1 only	☑ Disputed
	Debtor 2 only	Time of BRIADITY was a superior of a letter.
-	Debtor 2 only  Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:
	At least one of the debtors and another	☐ Domestic support obligations
		Taxes and certain other debts you owe the government
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were
	Is the claim subject to offset?	intoxicated
-	□ No	Other Specify For taxes that Someone filed in
	☐ Yes	
2.2		
	Priority Creditor's Name	Last 4 digits of account number \$\$\$
		When was the debt incurred?
	Number Street	
		As of the date you file, the claim is: Check all that apply.
		Contingent
	City State ZIP Code	☐ Unliquidated
	Who incurred the debt? Check one.	☐ Disputed
	Debtor 1 only	Time of DDIODITY was a seed of the
	Debtor 2 only	Type of PRIORITY unsecured claim:
	Debtor 1 and Debtor 2 only	U Domestic support obligations
	At least one of the debtors and another	Taxes and certain other debts you owe the government
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated
	Is the claim subject to offset?	Other. Specify
	□ No	
	☐ Yes	

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Case number (# Known) Case 23-54588-pwb

Debtor 1 Last Name

Pa	rt 2:	List All of Your NONPRIOR	ITY Unse	cured Claims				
3.	Do ar	ny creditors have nonpriority uns	ecured cla	ims against you?	?			
	O Y	o. You have nothing to report in this	s part. Subr	mit this form to the	court with your other schedules.			İ
	nonpr	Il of your nonpriority unsecured iority unsecured claim, list the cred led in Part 1. If more than one cred is fill out the Continuation Page of P	itor separat itor holds a	tely for each claim.	. For each claim listed, identify wha	at type of claim it is. Do not	list claims	s already
	1						Total c	alm
2.3		rdiology Consultants of Atlar	nta		Last 4 digits of account number	<u>3</u> <u>0</u> <u>3</u> <u>5</u>	\$	650.00
	280	01 North Decatur Road Ste	395		When was the debt incurred?	10/19/2015	V	
	Numi De	ber Street Catur	GA	30033				
	City		State	ZIP Code	As of the date you file, the claim	is: Check all that apply.		
		o incurred the debt? Check one. Debtor 1 only			Contingent Unliquidated Disputed			
		Debtor 2 only			Time of NONDRIORITY	ad atatus.		
		Debtor 1 and Debtor 2 only  At least one of the debtors and another			Type of NONPRIORITY unsecu	irea ciaim:		
		Check if this claim is for a commun	ity debt		Obligations arising out of a separ that you did not report as priority			
	_	ne claim subject to offset?			Debts to pension or profit-sharing	g plans, and other similar debts	3	
		••		•	Other. Specify Medical bill			
24		mcast Cable Comunications	i		Last 4 digits of account number	7 6 3 7	\$	97.11
	•	riority Creditor's Name BOX 530098			When was the debt incurred?	<del></del>		
	Numi							
	Atla	anta	GA State	30353 ZIP Code	As of the date you file, the claim	is: Check all that apply.		:
	•		31818	ZIP COGO	☐ Contingent☐ Unliquidated			
		o incurred the debt? Check one. Debtor 1 only			Disputed			
	<b>Q</b> (	Debtor 2 only			Town of MONROLONIA			
		Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	ired claim:		
		At least one of the debtors and another			☐ Student loans ☐ Obligations arising out of a separ	ration agreement or divorce		
	<b>U</b> (	Check if this claim is for a commun	ity debt		that you did not report as priority	claims		
	is th ☑ ₁	e claim subject to offset?			Debts to pension or profit-sharing  Other. Specify Internet bill	g plans, and other similar debts	3	
	<u> </u>							
2.5		surgent Capital Services			Last 4 digits of account number	8 8 4 2		605
	PO	BOX 10587			When was the debt incurred?	8/1/2014	Ψ	
	Numb Gre	per Street Benville	sc	29603	A - of the state o			; ;
	City		State	ZIP Code	As of the date you file, the claim	is: Check all that apply.		
	Who	incurred the debt? Check one.			☐ Contingent☐ Unliquidated			
	_	Debtor 1 only			Disputed			ļ
	_	Debtor 2 only Debtor 1 and Debtor 2 only			-			
		At least one of the debtors and another			Type of NONPRIORITY unsecu	red claim:		
		Check if this claim is for a commun	ity debt		Student loans  Obligations arising out of a separ	ration agreement or divorce		
		e claim subject to offset?	=		that you did not report as priority	claims		
	Q N	lo .			☐ Debts to pension or profit-sharing☐ Other. Specify Medical bill		3	
	□ Y	'es						

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Deb	tor 1 First Name Middle Name Last Name	Case number (if known)	
Pa	t 2: Your NONPRIORITY Unsecured Claims -	– Continuation Page	
Aft	er listing any entries on this page, number them begin	nning with 4.4, followed by 4.5, and so forth.	Total claim
2.6			
	Dekalb Medical Center  Nonpriority Creditor's Name	Last 4 digits of account number 9 0 4 1	s <u>63</u>
	PO BOX 102204	When was the debt incurred? 9/3/2016	
	Number Street	As of the date you file the plains in Chest all that each	
		As of the date you file, the claim is: Check all that apply.	
	City State ZIP Co	Contingent  Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	·	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
	_	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Medical bill	
	☑ No		
	Yes		
2.7			
2.1	Eastside Medical Center	Last 4 digits of account number 9 8 8 4	s 449.07
	Nonpriority Creditor's Name	00/04/0044	
	PO BOX 99587	When was the debt incurred? 08/01/2014	
	Number Street Louisville KY 402	As of the date you file, the claim is: Check all that apply.	
	Louisville KY 402 City State ZIP Co	209	
	•	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	Time of NONDRIODITY are assessed a lating	
	Debtor 2 only  Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
		Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset?   No	Other. Specify Medical bill	
	Yes		
2.8		Last 4 digits of account number 4 5 1 3	\$578
	Eastside Medical Center Nonpriority Creditor's Name		
	PO BOX 13695	When was the debt incurred? 3/8/2020	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Philadelphia PA 191	101	
	City State ZIP Co	de Contingent  Unliquidated	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
	Debtor 1 only	<del>4.</del>	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Student loans	
	_	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Medical bill	

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Debtor 1

Sherrie First Name

List All of	Your	NONPRIORITY	Unsecured	Claims

2	Do any creditors have nonpriority un	secured cla	eime anainet vo	17		
	•					
	No. You have nothing to report in thi	s part. Sub	mit this form to th	e court with your other schedules.		!
	☐ Yes					
				order of the creditor who holds each claim. If a creditor has		
	nonpriority unsecured claim, list the cred	litor separa	tely for each clair	n. For each claim listed, identify what type of claim it is. Do not	list claim	s already
i	ncluded in Part 1. If more than one cred	itor holds a	particular claim.	list the other creditors in Part 3.If you have more than three no	npriority (	unsecured
	claims fill out the Continuation Page of F		<b>F</b>	, , , , , , , , , , , , , , , , , , ,		
					Total c	ialm
_						
.9	Emory Decatur			Last 4 digits of account number 1 4 7 8		0 000 70
	Nonpriority Creditor's Name				\$	2,362.70
	•			When was the debt incurred? 4/23/2016		
	2701 N. Decatur Road			Which was the dept modified?		
	Number Street					
	Decatur	GA	30033			
		State	ZIP Code	As of the date you file, the claim is: Check all that apply.		i
	City	State	ZIP CODB	As of the date you me, the claim is. Oneck an mat apply.		
				☐ Contingent		
	Who incurred the debt? Check one.			<del>-</del>		
				Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only					
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
				1760 of Hom Moral Language Claim.		
	At least one of the debtors and another			☐ Student loans		
	<b>5</b>			Obligations arising out of a separation agreement or divorce		
	☐ Check if this claim is for a commun	nity debt		that you did not report as priority claims		
	Is the claim subject to offset?			, , , , , ,		
	<u> </u>			Debts to pension or profit-sharing plans, and other similar debts	,	
	☑ No			Other. Specify Medical bill		
	Yes					
10	Enterprise Heldings Inc			Look & dilate of consult number X X X X	S	~500
.10	Enterprise Holdings, Inc.			Last 4 digits of account number X X X X	<b>-</b>	
	Nonpriority Creditor's Name			When was the debt incurred?		
	600 Corporate Park Drive					
			<del></del>	•		
				An of the data was file the states in Ot at all that and		
	St Louis	МО	63105	As of the date you file, the claim is: Check all that apply.		•
	City	State	ZIP Code	Contingent		•
	Who incurred the debt? Check one.			☐ Unliquidated		
	Debtor 1 only			<b>☐</b> Disputed		
	•			•		i
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			Type of Non-Kiokit i unsecured claim:		
	At least one of the debtors and another			☐ Student loans		
				_		!
	☐ Check if this claim is for a commun	nity debt		Obligations arising out of a separation agreement or divorce		
		.,		that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		i
	☑ No			Other. Specify unable to get acct # and date incu	urrec	
	Yes					
	- res					
.11	0					
	Genesis Genetics PTY LTD			Last 4 digits of account number 2 5 4 6		2,800
	Nonpriority Creditor's Name			0040	\$	2,000
	PO BOX 1078			When was the debt incurred? 2018		
	Number Street			•		
			. ==0.4			
	Brackenfell	South A	frica 7561	- As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	- As of the date you me, the claim is. Check all that apply.		
				☐ Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only					
	Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			<u></u>		
				☐ Student loans		i
	☐ Check if this claim is for a commun	ity debt		Obligations arising out of a separation agreement or divorce		
		•		that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		!
	☑ No					
	Yes			Other. Specify Medical		
	55					
						i

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Debtor 1

First Name

Middle Name

Last Name

Par	t 2: Your NONPRIORIT	Y Unsecured Cl	aims — Continu	uation Page	
Afte	er listing any entries on this	page, number the	m beginning with	1 4.4, followed by 4.5, and so forth.	Total claim
2.12	Liberty Mutual Group			Last 4 digits of account number 2 0 7 0	s455.30
	2530 Sever Road Suite	360		When was the debt incurred? 1/21/2017	
	Number Street Lawrenceville	GA	30043	As of the date you file, the claim is: Check all that apply.	
	City  Who incurred the debt? Chec	State	ZIP Code	Contingent Unliquidated Disputed	
				Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No ☐ Yes	? .		Other. Specify Auto insurance	
2.13	Lithonia Animal Hospita	al		Last 4 digits of account number 7 9 7 1	s 374.51
	Nonpriority Creditor's Name 2015 Rock Chapel Rd	21		When was the debt incurred?	1
	Number Street Lithonia	GA	30058	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	□ Contingent	
	Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a ls the claim subject to offset? No Yes	d another community debt		<ul> <li>□ Unliquidated</li> <li>□ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Vet bill</li> </ul>	
2.14	Northside Radiology As	sociates		Last 4 digits of account number 3 3 5 4	\$45
	Nonpriority Creditor's Name			When was the debt incurred? 4/27/2012	
	PO BOX 100015 Number Street			As of the date you file, the claim is: Check all that apply.	
	Kennesaw .	GA State	30156 ZIP Code	Contingent	
	Who incurred the debt? Check Debtor 1 only		ZIP Code	☐ Unliquidated☐ Disputed☐	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an	d another		Type of NONPRIORITY unsecured claim:  Student loans	
				<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a  Is the claim subject to offset?  ☑ No ☐ Yes			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical bill	

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Debtor 1

			Case number (if known)
First Name	Middle Name	Last Name	

cample, if a collection agence then list the collection agen	e this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For ample, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ditional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.							
CCS Name			On which entry in Part 1 or Part 2 did you list the original creditor?					
<sup>Name</sup> 725 Canton Street			Line 2.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured Clai					
Norwood	MA	02062	Last 4 digits of account number 2 0 7 0					
City	State	ZIP Code						
Frost-Arnett Company			On which entry in Part 1 or Part 2 did you list the original creditor?					
PO BOX 198988			Line $\frac{2.14}{1}$ of (Check one): $\square$ Part 1: Creditors with Priority Unsecured Claims					
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured					
			Claims					
Nashville	TN	37219	Last 4 digits of account number 1 0 7 6					
City	State	ZIP Code						
Capital Recovery Corpo	oration	<u> </u>	On which entry in Part 1 or Part 2 did you list the original creditor?					
PO BOX 1008			Line 2.13 of (Check one):  Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured					
			Claims					
Alpharetta	GA	300090	Last 4 digits of account number 7 9 7 1					
City	State	ZIP Code						
Name			On which entry in Part 1 or Part 2 did you list the original creditor?					
Name			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims					
Number Street			Part 2: Creditors with Nonpriority Unsecured					
			Claims					
			Last 4 digits of account number					
City	State	ZIP Code						
			On which entry in Part 1 or Part 2 did you list the original creditor?					
Name			Line of (Observant) D. Bort (Condition with District Condition of the Cond					
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims					
•			Part 2: Creditors with Nonpriority Unsecured Claims					
			Lant & digital of account mumber					
City	State	ZIP Code	Last 4 digits of account number					
			On which entry in Part 1 or Part 2 did you list the original creditor?					
Name			Line of (Check and): The Bod & Codding Will District Line (Check and)					
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured					
			Claims					
			Last 4 digits of account number					
City	State	ZIP Code	Last 7 digits of account nullibat					
V			On which entry in Part 1 or Part 2 did you list the original creditor?					
Name								
Number Street		<del></del>	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims					
			Part 2: Creditors with Nonpriority Unsecured Claims					

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Debtor 1

Sherrie First Name

Lynn

Case number (if known) 23-54588-pwb

Pai	rt 2:	List All of You	ır NONPRIOF	RITY Uns	ecured Claims					
3.	Do an	y creditors have	nonpriority un	secured cl	aims against you	?				-
	□ No	o. You have nothings	g to report in thi	s part. Sub	mit this form to the	court with your other schedules.				
i	nonpri Include	iority unsecured cla	aim, list the cred e than one cred	litor separa litor holds a	itely for each claim.	order of the creditor who holds ear. For each claim listed, identify what st the other creditors in Part 3.If yo	at type of claim it	is. Do not	list claim	ns already
									Total o	claim
2.15		tfolio Recovery	Associates			Last 4 digits of account number	3 1 4 0	<u> </u>	_	923.81
		iority Creditor's Name Corporate Blv	d Suite 100			When was the debt incurred?	1/1/2015		\$	020.01
	Numb	er Street		VA	23502					
	City	IOIK		State	ZIP Code	As of the date you file, the claim	is: Check all that a	pply.		
	<b>Ø</b> D	incurred the debt' bettor 1 only bettor 2 only	Check one.			☐ Contingent☐ Unliquidated☐ Disputed				
		ebtor 1 and Debtor 2				Type of NONPRIORITY unsecu	red claim:			
		t least one of the deb				Student loans Obligations arising out of a separ		45		
		heck if this claim		ity debt		that you did not report as priority	claims			
	IS the	e claim subject to d lo	onset <i>r</i>			Debts to pension or profit-sharing  Other. Specify <u>credit card</u>	g plans, and other si	imilar debts		
	□ Y	es								
.16	Nonpri	gressive Corpo ionity Creditor's Name				Last 4 digits of account number When was the debt incurred?	5 7 8 6 2014	<u> </u>	\$	618.95
	630 Numb	O Wilson Mills er Street	Road							
	May	yfield village		OH State	44143 ZIP Code	As of the date you file, the claim	is: Check all that a	pply.		
	•	incurred the debt	Chack and	Sizie	ZIP Code	☐ Contingent☐ Unliquidated				
	_	ebtor 1 only	· Check one.			☐ Disputed				
		ebtor 2 only ebtor 1 and Debtor 2				Type of NONPRIORITY unsecu	red claim:			
	_	t least one of the deb				☐ Student loans				
	Ос	heck if this claim i	s for a commur	ity debt		Obligations arising out of a separathat you did not report as priority	ation agreement or claims	divorce		
		e claim subject to	offset?			Debts to pension or profit-sharing  Other. Specify Auto insurar	• •	imilar debts		
	Ø N □ Y					out Other. Specify Auto Insular	nce			
.17	Rac	diology Associa	tes of Dekal	b PC		Last 4 digits of account number	R A D	1		444
	Nonpri	iority Creditor's Name	· · · · · · · · · · · · · · · · · · ·		<del></del> .	When was the debt incurred?	7/11/2016	•	\$	111
	Numbe	BOX 1306 er Street			<del>-</del>					
	Indi City	ianapolis	<del></del>	State	46206 ZIP Code	As of the date you file, the claim	is: Check all that a	pply.		
	-	incurred the debt	Check one	O.B.C	2.11 0000	☐ Contingent				
	<b>2</b> D	ebtor 1 only	Shook one.			Unliquidated Disputed				
		ebtor 2 only ebtor 1 and Debtor 2	only			- · · · · · · · ·				
	_	t least one of the deb	-			Type of NONPRIORITY unsecu	red claim:			
	Ос	heck if this claim i	s for a commun	ity debt		Student loans  Obligations arising out of a separate		divorce		
	_	e claim subject to o	offset?			that you did not report as priority of Debts to pension or profit-sharing		milar dehte		
	U Nα □ Yα					Other. Specify Medical bill	, F.3.10, G.10 G.101 G.			

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Debtor 1

First Name	Middle Name	Last Name

r listing any entries on this	page, number them beginning wi	th 4.4, followed by 4.5, and so forth.	Total claim
Scana Energy Regulat	ed	Last 4 digits of account number 7 5 9 8	s366.1
Nonpriority Creditor's Name 3344 Peachtree Rd NE	Suite 2150	When was the debt incurred? 7/1/2019	
Number Street Atlanta	GA 30326	As of the date you file, the claim is: Check all that apply.	
City  Who incurred the debt? Chec	State ZIP Code	Contingent Unliquidated Disputed	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors as	nd another	Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for Is the claim subject to offset ☑ No ☐ Yes	•	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Utility bill	
US Department of Edu	cation	Last 4 digits of account number 4 7 8	s_ 36,87
Nonpriority Creditor's Name 61 Forsyth Street SW		When was the debt incurred? 1986-2008	
Number Street Atlanta	GA 30303	As of the date you file, the claim is: Check all that apply.	
City  Who incurred the debt? Chec	State ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors at	nd another	Type of NONPRIORITY unsecured claim:  ☑ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for is the claim subject to offset☐ No☐ Yes	•	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	
Water's Edge HOA, Inc	······································	Last 4 digits of account number 9 4 9 6	\$_8,622.6
Nonpriority Creditor's Name 7115 B Water's Edge [		When was the debt incurred? before 2017	
Number Street Stone Mountain	GA 30087	As of the date you file, the claim is: Check all that apply.	
City  Who incurred the debt? Chec	State ZIP Code k one.	Contingent Unliquidated Disputed	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar	nd another	Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a ls the claim subject to offset ☐ No ☐ Yes	•	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Judgement lien on HOA dues	

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Debtor 1

			e more than one creditor for any of the debts that you listed in Parts 1 or 2, list the cons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Winter Capriola Zenner,	LLC		On which entry in Part 1 or Part 2 did you list the original creditor?
One Securities Centre			Line 2.20 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street 3490 Piedmont Road NE	Ste 800		☐ Part 2: Creditors with Nonpriority Unsecured Claim
Atlanta	GA	30305	Last 4 digits of account number 4 2 8
City	State	ZiP Code	
Contract Callers Inc			On which entry in Part 1 or Part 2 did you list the original creditor?
501 Greene Street			Line 2.18 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street Brd floor Suite 302		•	Part 2: Creditors with Nonpriority Unsecured Claims
Augusta	GA State	30901 ZIP Code	Last 4 digits of account number 7 5 9 8
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
		<u> </u>	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims
iity	State	ZIP Code	Last 4 digits of account number
		211 0000	On which entry in Part 1 or Part 2 did you list the original creditor?
lame			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
City	State	ZIP Code	East 4 digits of account number
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
tumber Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
wilder Sueer .	· 		Claims Part 2: Creditors with Nonpriority Unsecured
ity	State	ZIP Code	Last 4 digits of account number
			On which entry in Part 1 or Part 2 did you list the original creditor?
ame			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
umber Street			Part 2: Creditors with Nonpriority Unsecured Claims
ity	State	ZIP Code	Last 4 digits of account number
ame	· · · · · · · · · · · · · · · · · · ·		On which entry in Part 1 or Part 2 did you list the original creditor?
umber Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
	·		Part 2: Creditors with Nonpriority Unsecured Claims
ity	State	ZIP Code	Last 4 digits of account number

Filed 06/26/23 Entered 06/28/23 11:34:05 Case 23-54588-pwb Doc 34 Desc Main Page 13 of 18 Document Sherrie Lynn Case number (if known) 23-54588-pwb Debtor 1 Part 2: **List All of Your NONPRIORITY Unsecured Claims** 3. Do any creditors have nonpriority unsecured claims against you? Mo. You have nothing to report in this part. Submit this form to the court with your other schedules. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim Scana Energy Last 4 digits of account number 700 Nonpriority Creditor's Name 4010040

	PO Box 100157			When was the debt incurred? 12/2019		
	Number Street			_		
	Columbia City	SC_	29202 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code			
	Who incurred the debt? Check one.			Contingent		
	Debtor 1 only			☐ Unliquidated ☐ Disputed		
	Debtor 2 only			Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	•		☐ Student loans		
	☐ Check if this claim is for a commu	ınity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	_	
	☑ No			Other. Specify Utility bill	,	
	☑ Yes					
2.22	Navy Federal Credit Union			Last 4 digits of account number	<u> </u>	445.89
	Nonpriority Creditor's Name			When was the debt incurred? 1/2023		
	PO BOX 3000					
	Number Street					
	Merrifield	_VA	22119	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only					
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a commu	nity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	i	
	☑ No			Other. Specify Provisional credit reversal		
	<b>☑</b> Yes					
2.23	Water's Edge HOA, Inc.			Last 4 digits of account number		13,766.99
	Nonpriority Creditor's Name			When was the debt incurred? 2017-1/3/2023	\$	13,766.99
	7115 B Water's Edge Drive					
	Stone Mountain	GA300				
	City	State	ZIP Code	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>		
	-		••••	☐ Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			•		

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Case number (if known) 23-54588-pwb

Debtor 1

Sherrie First Name

P	а	ī	t	2	A

Your NONPRIORITY Unsecured Claims — Continuation Page

listing any entries on this page, number	er them beginning with	h 4.4, followed by 4.5, and so forth.	Total clair
Dekalb County Utility Customer C	perations	Last 4 digits of account number 0 5 6 0	s75
774 Jordan Lane, Suite 200		When was the debt incurred? 3/7/2023	
umber Street Decatur G	A 30033	As of the date you file, the claim is: Check all that apply.	
ity Stat		Contingent	
/ho incurred the debt? Check one.		Unliquidated	
Debtor 1 only		☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community	debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?		Other. Specify Utility bill	
Í No Í Yes			
1 Yes			
		Last 4 digits of account number	\$
onpriority Creditor's Name		When was the debt incurred?	
umber Street		As of the date you file, the claim is: Check all that apply.	
ty Stat	e ZIP Code	Contingent	
ho incurred the debt? Check one.		Unliquidated	
Debtor 1 only		☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community	debt	you did not report as priority claims	
the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
) No			
Yes			
		Last 4 digits of account number	\$
onpriority Creditor's Name		When was the debt incurred?	
imber Street		As of the date you file, the claim is: Check all that apply.	
ty State	e ZIP Code	Contingent .	
/ho incurred the debt? Check one.		Untiquidated	
Debtor 1 only		☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community	debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?		Other. Specify	
] No		•	
] Yes			

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Debtor 1

**Sherrie** 

Lynn

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<sub>n)</sub> 23-54588-pwb Case number (if kno

Part 3:

List Others to Be Notified About a Debt That You Already Listed

Winter Capriola Ze	enner, LLC		On which entry in Part 1 or Part 2 did you list the original creditor?
One Securities Centre			Line 2.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			□ Part 2: Creditors with Nonpriority Unsecured Claims
3490 Piedmont Road NE Suite 800		0	
Atlanta City	GA State	30305 ZIP Code	Last 4 digits of account number 5 2 5 1
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
<del> </del>			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street		<del></del>	Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number
Name		<del></del>	On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street		<del></del>	Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
Number Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Claims Part 2: Creditors with Nonpriority Unsecured
City	State	ZIP Code	Last 4 digits of account number
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
- <del></del>			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number
	Sidle	517 COUR	<u> </u>

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Debtor 1

Sherrie

Lynn

Case number (if known) 23-54588-pwb

Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	810.29
	6c. Claims for death or personal injury while you were intoxicated	6c.	s	0
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$	810.29
			Total claim	
Total claims	6f. Student loans	6f.	Total claim	36,871
Total claims from Part 2	6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.	Total claim  \$  \$	36,871
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority		Ss_	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  6h. Debts to pension or profit-sharing plans, and other	6g.	\$ \$	0

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Fill in this in	formation to ide	entify your case:		
Debtor 1	Sherrie First Name	Lynn Middle Name	Moon Last Name	
Debtor 2 (Spouse, if filing)		Middle Name	Last Name	
United States	Bankruptcy Court fo	r the: Northern District of	Georgia	
Case number	23-54588-pv (If known)	vb		

Check if this is an amended filing

### Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)     1a. Copy line 55, Total real estate, from Schedule A/B	s <u>0</u>
1b. Copy line 62, Total personal property, from Schedule A/B	\$63,509.66
1c. Copy line 63, Total of all property on Schedule A/B	\$ 63,509.66
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	s0
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ <u>810.29</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 71,406.19
Your total liabilities	\$ 72,216.48
Part 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	s1590

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Del	btor 1	Sherrie First Name	Lynn Middle Name Lest Name	Moon	Case number (if known) 23-5458	8-pwb	
		T and Teaming	mode name Last name				
Part 4: Answer These Questions for Administrative and Statistical Records							
6.	6. Are you filing for bankruptcy under Chapters 7, 11, or 13?						
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes						
7.	. What kind of debt do you have?						
	Yo fan	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.					
	Yo this	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.					
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.			s1590			
9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:							
		Total claim					
From Part 4 on Schedule E/F, copy the following:							
	9a. Doi	mestic support ob	ligations (Copy line 6a.)		\$	<u>o</u>	
	9b. Tax	ces and certain of	her debts you owe the gover	rnment. (Copy line 6b.)	\$810.2	9	
	9c. Cla	ims for death or p	personal injury while you wer	e intoxicated. (Copy line 6c.)	\$	<u>0</u>	
	9d. Stu	dent loans. (Copy	/ line 6f.)		s36,87	<u>1</u>	
	9e. Obl pric	ligations arising o ority claims. (Copy	ut of a separation agreemen $\gamma$ line 6g.)	t or divorce that you did not report a	s <u> </u>	<u>0</u>	
	9f. Del	ots to pension or	profit-sharing plans, and other	er similar debts. (Copy line 6h.)	+ \$	<u>0</u>	
	9g. Tot	al. Add lines 9a t	hrough 9f.		\$37,681.2	9	